

Form **1040** U.S. Individual Income Tax Return **2001** (99) IRS use only — Do not write or staple in this space.

Department of the Treasury — Internal Revenue Service

For the year Jan 1 - Dec 31, 2001, or other tax year beginning , 2001, ending , 20

Label (See instructions.) Your First Name MI Last Name
Frederick Harris

Use the IRS label. Otherwise, please print or type.
If a Joint Return, Spouse's First Name MI Last Name
Mary L Harris

Presidential Election Campaign (See instructions.) Home Address (number and street). If You Have a P.O. Box, See Instructions. Apartment No.
11716 Elkwood Drive

City, Town or Post Office. If You Have a Foreign Address, See Instructions. State ZIP Code
Cincinnati OH 45240-2002

Important! You must enter your social security number(s) above.

Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☒ No ☐ Yes ☒ No

Filing Status Check only one box.
1 ☐ Single
2 ☒ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's SSN above & full name here
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
5 ☐ Qualifying widow(er) with dependent child (year spouse died) (See instructions.)

Exemptions If more than six dependents, see instructions.
6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b ☒ Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if qualifying child for child tax credit (see instrs)
• lived with you
• did not live with you due to divorce or separation (see instrs)
Dependents on 6c not entered above
Add numbers entered on lines above 2
d Total number of exemptions claimed 2

Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.
7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 20,802.
8a Taxable interest. Attach Schedule B if required 8a 12.
b Tax-exempt interest. Do not include on line 8a 8b
9 Ordinary dividends. Attach Schedule B if required 9
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13
14 Other gains or (losses). Attach Form 4797 14
15a Total IRA distributions 15a b Taxable amount (see instrs) 15b
16a Total pensions & annuities 16a b Taxable amount (see instrs) 16b 13,788.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount (see instrs) 20b
21 Other income 21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 34,602.

Adjusted Gross Income
23 IRA deduction (see instructions) 23
24 Student loan interest deduction (see instructions) 24
25 Archer MSA deduction. Attach Form 8853 25
26 Moving expenses. Attach Form 3903 26
27 One-half of self-employment tax. Attach Schedule SE 27
28 Self-employed health insurance deduction (see instructions) 28
29 Self-employed SEP, SIMPLE, and qualified plans 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN 31a
32 Add lines 23 through 31a 32
33 Subtract line 32 from line 22. This is your adjusted gross income 33 34,602.

EXHIBIT HARRIS 6-5-07 JMB

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BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Form 1040 (2001)

Tax and Credits		34	Amount from line 33 (adjusted gross income)	34	34,602.
35a Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here		35a			
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here		35b			
Standard Deduction for • People who checked any box on line 35a or 35b or who can be claimed as a dependent, see instructions. • All others: Single: \$4,550 Head of household, \$6,650 Married filing jointly or Qualifying widow(er), \$7,600 Married filing separately, \$3,800	36	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	36	10,459.	
	37	Subtract line 36 from line 34	37	24,143.	
	38	If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions	38	5,800.	
	39	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39	18,343.	
	40	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40	2,749.	
	41	Alternative minimum tax (see instructions). Attach Form 6251	41		
	42	Add lines 40 and 41	42	2,749.	
	43	Foreign tax credit. Attach Form 1116 if required	43		
	44	Credit for child and dependent care expenses. Attach Form 2441	44		
	45	Credit for the elderly or the disabled. Attach Schedule R	45		
46	Education credits. Attach Form 8863	46			
47	Rate reduction credit. See the worksheet	47			
48	Child tax credit (see instructions)	48			
49	Adoption credit. Attach Form 8839	49			
50	Other credits from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50			
51	Add lines 43 through 50. These are your total credits	51			
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0-	52	2,749.		
Other Taxes	53	Self-employment tax. Attach Schedule SE	53		
	54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54		
	55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	55		
	56	Advance earned income credit payments from Form(s) W-2	56		
	57	Household employment taxes. Attach Schedule H	57		
	58	Add lines 52-57. This is your total tax	58	2,749.	
Payments	59	Federal income tax withheld from Forms W-2 and 1099	59	2,140.	
	60	2001 estimated tax payments and amount applied from 2000 return	60		
	61a	Earned income credit (EIC)	61a		
	61b	Nontaxable earned income	61b		
	62	Excess social security and RRTA tax withheld (see instrs)	62		
	63	Additional child tax credit. Attach Form 8812	63		
	64	Amount paid with request for extension to file (see instructions)	64		
	65	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	65		
	66	Add lines 59, 60, 61a, and 62 through 65. These are your total payments	66	2,140.	
	Refund	67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid	67	
68a		Amount of line 67 you want refunded to you	68a		
68b		Routing number	68b		
68c		Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	68c		
69	Amount of line 67 you want applied to your 2002 estimated tax	69			
Amount You Owe	70	Amount you owe. Subtract line 66 from line 58. For details on how to pay, see instructions	70	609.	
	71	Estimated tax penalty. Also include on line 70	71		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No				
	Designee's Name	Phone No.	Personal Identification Number (PIN)		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your Signature	Date	Your Occupation	Daytime Phone Number	
	Spouse's Signature. If a Joint Return, Both Must Sign.	Date	Spouse's Occupation		
			Telemarketing		
Paid Preparer's Use Only	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	
	Firm's Name (or yours if self-employed)	EIN		Phone No.	
	Address, and ZIP Code				

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Schedule A
(Form 1040)

Itemized Deductions

2001

07

Department of the Treasury
Internal Revenue Service (99)▶ Attach to Form 1040.
▶ See Instructions for Schedule A (Form 1040).

Name(s) Shown on Form 1040

Your Social Security Number

Frederick & Mary L Harris

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 34	2			
3	Multiply line 2 above by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid		5	State and local income taxes	656.	
		6	Real estate taxes (see instructions)	1,803.	
		7	Personal property taxes		
(See instructions.)		8	Other taxes. List type and amount ▶		
		9	Add lines 5 through 8		2,459.
Interest You Paid		10	Home mtg interest and points reported to you on Form 1098	6,240.	
		11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶		
(See instructions.)		12	Points not reported to you on Form 1098. See instrs for spec rules		
		13	Investment interest. Attach Form 4952 if required. (See instrs.)		
Note. Personal interest is not deductible.		14	Add lines 10 through 13		6,240.
Gifts to Charity		15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	1,760.	
		16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		
If you made a gift and got a benefit for it, see instructions.		17	Carryover from prior year		
		18	Add lines 15 through 17		1,760.
Casualty and Theft Losses		19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		
Job Expenses and Most Other Miscellaneous Deductions		20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		
		21	Tax preparation fees		
(See instructions for expenses to deduct here.)		22	Other expenses - investment, safe deposit box, etc. List type and amount ▶		
		23	Add lines 20 through 22		
		24	Enter amount from Form 1040, line 34		
		25	Multiply line 24 above by 2% (.02)		
		26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		
Other Miscellaneous Deductions		27	Other - from list in the instructions. List type and amount ▶		
Total Itemized Deductions		28	Is Form 1040, line 34, over \$132,950 (over \$66,475 if MFS)?		
		<input checked="" type="checkbox"/> No.	Your deduction is not limited. Add the amts in the far right col for lines 4 through 27. Also, enter this amt on Form 1040, line 36.		
		<input type="checkbox"/> Yes.	Your deduction may be limited. See instructions for the amount to enter.		
				28	10,459.

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Keep for your records

Name Mary L Harris		Social Security Number [REDACTED]	
Check if for spouse <input checked="" type="checkbox"/>		1 Wages, tips, other compensation <div style="text-align: right;">17,913.10</div>	
a Control number <u>003910DEQ</u>		2 Federal income tax withheld <div style="text-align: right;">1,470.65</div>	
b Employer's ID number <u>31-0961669</u>		3 Social security wages <div style="text-align: right;">18,658.98</div>	
c Employer's name, address, and ZIP code <u>RDI MARKETING SERVICES, INC.</u>		4 Social security tax withheld <div style="text-align: right;">1,156.84</div>	
Street <u>9920 CARVER ROAD</u>		5 Medicare wages and tips <div style="text-align: right;">18,658.98</div>	
City <u>CINCINNATI</u>		6 Medicare tax withheld <div style="text-align: right;">270.57</div>	
State <u>OH</u> ZIP Code <u>45242-5520</u>		7 Social security tips	
Check box if foreign address (see Help) <input type="checkbox"/>		8 Allocated tips	
Check box to transfer items d and e below from Federal Information Worksheet <input type="checkbox"/>		9 Advance EIC payment	
d Employee's social security number <u>[REDACTED]</u>		10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help)	
e Employee's name, address, and ZIP code		11 Nonqualified plans Code <u> </u>	
First <u>Mary</u> M.I. <u> </u>		12 Enter box 12 below	
Last <u>Harris</u>		13 Statutory employee <input type="checkbox"/>	
Street <u>11716 Elkwood Drive</u>		Retirement plan <input checked="" type="checkbox"/>	
City <u>Cincinnati</u>		Third-party sick pay <input type="checkbox"/>	
State <u>OH</u> ZIP Code <u>45240</u>		14 If you have entries in box 14, click HERE then select Help before making any entries for box 14.	
Check box if foreign address (see Help) <input type="checkbox"/>			

Box 12	Box 12	If Box 12 code is:
Code	Amount	
D	745.88	A: Enter amount attributable to RRTA Tier 2 tax
		M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse

Box 15	Box 16	Box 17	
State	State wages, tips, etc.	State income tax	
OH	17,913.10	415.30	
Box 20	Box 18	Box 19	Associated
Locality name	Local wages, tips, etc.	Local income tax	State
BLUE ASH	18,658.98	186.59	OH

Box 14 Description	Amount	Type	TurboTax description of Type

NOTE: The box 14 "Type" is specific to TurboTax and may not be the same as one letter descriptions on your Form W-2.

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Name Frederick Harris		Social Security Number <div style="background-color: black; width: 100px; height: 1em;"></div>
Check if for spouse <input type="checkbox"/>		1 Wages, tips, other compensation <div style="text-align: right;">2,889.01</div>
a Control number <u>283409298</u> b Employer's ID number <u>31-1104271</u> c Employer's name, address, and ZIP code <u>CROSS COUNTRY INNS, INC.</u>		2 Federal income tax withheld <div style="text-align: right;">4.41</div>
Street <u>6077 FRANTZ ROAD, SUITE 203</u> City <u>DUBLIN</u> State <u>OH</u> ZIP Code <u>43017</u> Check box if foreign address (see Help) <input type="checkbox"/>		3 Social security wages <div style="text-align: right;">2,889.01</div>
Check box to transfer items d and e below from Federal Information Worksheet <input type="checkbox"/>		4 Social security tax withheld <div style="text-align: right;">179.13</div>
d Employee's social security number <div style="background-color: black; width: 100px; height: 1em;"></div> e Employee's name, address, and ZIP code First <u>Frederick</u> M.I. _____ Last <u>Harris</u> Street <u>11716 Elkwood Drive</u> City <u>Forest Park</u> State <u>OH</u> ZIP Code <u>45240</u> Check box if foreign address (see Help) <input type="checkbox"/>		5 Medicare wages and tips <div style="text-align: right;">2,889.01</div>
		6 Medicare tax withheld <div style="text-align: right;">41.89</div>
		7 Social security tips <div style="text-align: right;">0.00</div>
		8 Allocated tips <div style="text-align: right;">0.00</div>
		9 Advance EIC payment <div style="text-align: right;">0.00</div>
		10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help)
		11 Nonqualified plans Code _____
		12 Enter box 12 below
		13 Statutory employee Retirement plan Third-party sick pay <div style="float: right; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
		14 If you have entries in box 14, click HERE then select Help before making any entries for box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax
		M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse

Box 15 State <u>OH</u>	Employer's state I.D. no. <u>51734609</u>	Box 16 State wages, tips, etc. <u>2,889.01</u>	Box 17 State income tax <u>25.78</u>
Box 20 Locality name <u>SPRINGDA</u>		Box 18 Local wages, tips, etc. <u>2,889.01</u>	Box 19 Local income tax <u>28.88</u>
			Associated State <u>OH</u>

Box 14 Description	Amount	Type	TurboTax description of Type

NOTE: The box 14 "Type" is specific to TurboTax and may not be the same as one letter descriptions on your Form W-2.

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► Keep for your records

Name Frederick Harris		Social Security Number [REDACTED]	
Check if for spouse <input type="checkbox"/> See below for additional distribution information Corrected <input type="checkbox"/>			
Payer's name, street address, city, state, and ZIP code. If payer's address is outside the U. S., check this box <input type="checkbox"/> Office of Personnel Management Retirement Programs P.O. Box 45 Boyers PA 16017-0045		1 Gross distribution \$ 13,788.00 2a Taxable amount (see Help) \$ 13,788.00 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
Payer's Federal identification number 52-6083699	Recipient's identification number [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 665.00
Check to transfer Recipient's information from Federal Information Worksheet <input type="checkbox"/> Recipient's name Frederick Harris		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$
Street address (including apartment number) 11716 Elkwood Drive		7 Distribn Code(s) IRA/SEP/SIMPLE a <input type="checkbox"/> 2 <input type="checkbox"/> SIMPLE <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8 Other % \$
City State ZIP code Cincinnati OH 45240-2002 If recipient's address is outside the U. S., check box <input type="checkbox"/>		9a Your percentage of total distribution %	9b Total employee contributions \$
Account number (optional)		10 State tax withheld \$ \$	11 Payer's State / state no. / /
If distribution from IRA or ESA, check if from: a traditional, SEP, or SIMPLE IRA <input type="checkbox"/> a Roth IRA <input type="checkbox"/> a Coverdell ESA (formerly Education IRA) <input type="checkbox"/>		13 Local tax withheld \$ \$	14 Name of locality
15 Local distribution \$ \$		15 Local distribution \$ \$	

Qualified Retirement Plans, IRAs, ESAs, Annuity and Modified Endowment Contracts (See Help)

IMPORTANT: Roth conversions are <i>not</i> considered to be rollovers. Enter Roth conversions on lines D and E of Additional Distribution Information page.	
16	Check box if the entire amount of this distribution was rolled over (except Roth conversions) <input type="checkbox"/>
17	If a partial rollover, enter amount that was rolled over (except Roth conversions)
18	Check box if this is an early distribution subject to the penalty from a qualified retirement plan, traditional IRA, annuity or modified endowment contract, but there is no code 1 in box 7. Do not include distributions from Roth IRA or first two years of SIMPLE plans. (See Help) <input type="checkbox"/>
19	Check box if this is an early distribution subject to the penalty from a Roth IRA, but there is no code J in box 7. (See Help) <input type="checkbox"/>
20	Check box if this is an early distribution subject to the penalty from a SIMPLE plan in first two years, but there is no code S in box 7. (See Help) <input type="checkbox"/>
21	Check box if this is the withdrawal before tax return due date of a contribution to a traditional, Roth, or Coverdell ESA, or a corrective distribution of an excess deferral, excess contribution, or excess aggregate contribution taxable in 2001, but there is no code 8 in box 7. (See Help) <input type="checkbox"/>
22	Check box if there is a code P or R in box 7 and this is a year 2002 Form 1099-R. (See Help) <input type="checkbox"/>
23	If an IRA, was IRA inherited , or if an ESA, was ESA transferred (see Help)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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For the year Jan 1 - Dec 31, 2001 or other taxable year ending

Social security number(s) must be entered below

Your First Name Frederick			Initial Harris			Last Name Harris			Your Social Security Number [REDACTED]			Filing Status - check only one Single or Head of Household <input checked="" type="checkbox"/> Married filing joint return Married filing separately, enter spouse's SSN					
If a Joint Return, Spouse's First Name Mary			Initial L			Last Name Harris			Spouse's Social Security No. [REDACTED]								
Home Address (number and street) 11716 Elkwood Drive						Apt Number			Ohio County Hami								
City, Town or Post Office Cincinnati						State OH			ZIP Code 45240-2002			Ohio Public School District Number (See pages 33-35.) 3105					
Ohio Residency Status (see instructions):												<input type="checkbox"/> Part-year resident From 01 To 01		Ohio Political Party Fund		Yes No	
<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident (state of residence)														Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
														If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
														Note: Checking 'Yes' will not increase your tax or decrease your refund.			

Income		
1	Federal adjusted gross income (from federal Form 1040, line 33; or 1040A, line 19; or 1040EZ, line 4; or 1040-T, line 44)	34,602.
2	Ohio adjustments (from line 45 on page 2 of this return)	
3	Ohio adjusted gross income (line 2 subtracted from or added to line 1)	34,602.
4	Multiply your personal and dependent exemptions 2 times \$1,150 and enter the result here	2,300.
5	Ohio taxable income (subtract line 4 from line 3)	32,302.

Tax and Credits		
6	Tax on line 5 (see tax tables, pages 26-32)	994.
7	Credits from Schedule B (line 54 on page 2 of this return)	200.
8	Ohio tax less Schedule B credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	794.
9	Exemption Credit: Number of personal and dependent exemptions 2 times \$20	40.
10	Ohio tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	754.
11	Joint Filing Credit (see instructions and attach documentation) 15 % times line 10 (Limit \$650)	113.
12	Ohio tax less Joint Filing Credit (subtract line 11 from line 10)	641.
13	Resident/Nonresident/Part-Year Credits (Schedules C or D) and Nonrefundable Business Credits (attach Schedule E)	
14	Ohio income tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	641.
15	Interest penalty on underpayment of estimated tax. Check <input type="checkbox"/> if form IT-2210 is attached	
16	Unpaid Ohio use Tax (please see worksheet on page 24) <small>The amount you show on this line is part of your total income tax liability for this year.</small>	
17	Total Ohio tax (add line 14, line 15, and line 16)	641.

Payments		
18	Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) Amount Withheld	441.
19	Ohio estimated tax, IT-40P payments for 2001, and 2000 overpayment credited to 2001	
20	Refundable Business Jobs Refundable Pass-through Entity Total of 20a and 20b	20
21	Add lines 18, 19, and 20 Total Payments	441.

Refund or Amount You Owe		
22	If line 21 is less than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> If you have paid or will pay with a credit card (see instructions) Amount You Owe	200.
23	If line 21 is greater than line 17, subtract line 17 from line 21 Amount Overpaid	
24	Amount of line 23 you wish to donate for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	24
25	Amount of line 23 you wish to donate for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	25
26	Amount of line 23 to be credited to 2002 estimated tax liability Credit	26
27	Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23) Your Refund	27

If the balance due is less than \$1.01 payment need not be made, and if the overpayment is less than \$1.01, no refund will be issued.
 I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

OHIA0512 01/14/02

Sign Here	Your Signature _____ Date _____	
	Spouse's Signature (if filing jointly, both must sign) _____ Phone Number (optional) _____	
	Preparer's Signature and address (including ZIP code) _____ Preparer's Phone Number _____	
	Preparer's Address (including ZIP code) Self-Prepared	

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For Departmental Use Only	
No Payment Enclosed - Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, Ohio 43270-2679	Payment Enclosed - Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, Ohio 43270-2057

Form IT-1040 Frederick & Mary L Harris

Schedule A – Adjustments to Income (additions and deductions)**Additions – Add to the extent not included in federal adjusted gross income (line 1)**

28	Add non-Ohio state or local government interest and dividends	28 •	
29	Add pass-through entity addback	29 •	
30	Add income from an electing small business trust (ESBT – see instructions)	30 •	
31	Other, check if from:		
a	<input type="checkbox"/> Federal interest and dividends subject to state taxation		
b	<input type="checkbox"/> Accumulation distributions from a complex trust		
c	<input type="checkbox"/> Losses from sale or disposition of Ohio Public Obligations		
d	<input type="checkbox"/> Non-medical withdrawals from an Ohio medical savings account		
e	<input type="checkbox"/> Reimbursements previously deducted but not included in federal adjusted gross income		
f	<input type="checkbox"/> Non-educational expenditures from college savings account NEW!		
	Total	31 •	
32	Total additions (add lines 28, 29, 30, and 31)	32 •	

Deductions – See limitations in instructions

33	Deduct federal interest and dividends exempt from state taxation	33 •	
34	Deduct compensation earned in Ohio by full-year residents of neighboring states	34 •	
35	Deduct state or municipal income tax overpayments (see instructions)	35 •	
36	Deduct disability and survivorship benefits (does not include pension continuations)	36 •	
37	Deduct qualifying social security benefits and some railroad benefits	37 •	
38	Deduct contributions to a variable college savings account and/or purchase of tuition credits	38 •	
39	Deduct tuition expenses paid to a qualified Ohio educational institution NEW!	39 •	
40	Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40 •	
41	Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet)	41 •	
42	Deduct losses from an electing small business trust (ESBT – see instructions)	42 •	
43	Other. Check if:		
a	<input type="checkbox"/> Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits		
b	<input type="checkbox"/> Interest income from Ohio Public Obligations and Ohio Purchase Obligations or gains from the sale or disposition of Ohio Public Obligations.		
c	<input type="checkbox"/> Refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040)		
d	<input type="checkbox"/> Repayment of income reported in a prior year		
e	<input type="checkbox"/> Amount contributed to an Individual Development Account		
	Total	43 •	
44	Total deductions (add lines 33 through 43)	44 •	
45	Net adjustments – If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount	45 •	

CONFIDENTIAL**Schedule B – Credits**

46	Retirement Income Credit (see instructions for credit table) (Limit – \$200)	46 •	200.
47	Senior Citizen Credit (Limit – \$50 per return)	47 •	
48	Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit)	48 •	
49	Child and Dependent Care Credit (see instructions and worksheet)	49 •	
50	Lump Sum Retirement Credit	50 •	
51	Job Training Credit (see instructions and worksheet) (Limit – \$500)	51 •	
52	Ohio Political Contributions Credit	52 •	
53	Ohio Adoption Credit (Limit – \$500 per adoption)	53 •	
54	Total credits (add lines 46 through 53) – enter here and on line 7	54 •	200.

Schedule C – Ohio Resident

55	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55 •	
56	Enter Ohio adjusted gross income (line 3)	56	
57	Divide line 55 by line 56 % Multiply by the amount on line 12	57	
58	Enter the 2001 income tax less all related credits other than withholding and estimated tax payments and carryforwards from previous years paid to other states or the District of Columbia	58 •	
59	Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13	59	
List the state(s) other than Ohio with which you filed 2001 income tax returns			

Schedule D – Nonresident/Part-Year Resident

60	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio	60 •	
61	Enter the Ohio adjusted gross income (line 3)	61	
62	Divide line 60 by line 61 % Multiply by the amount on line 12. Enter here and on line 13	62	

Department of the Treasury — Internal Revenue Service Form 1040 U.S. Individual Income Tax Return 2002		(99) IRS use only — Do not write or staple in this space.		
For the year Jan 1 - Dec 31, 2002, or other tax year beginning , 2002, ending , 20				
Label (See instructions.)	Your first name MARY MI L Last name HARRIS		OMB No. 1545-0074 Your social security number [REDACTED]	
	If a joint return, spouse's first name MI Last name		Spouse's social security number [REDACTED]	
Use the IRS label. Otherwise, please print or type.	Home address (number and street). If you have a P.O. box, see instructions. 11716 ELKWOOD DRIVE		▲ Important! ▲ You must enter your social security number(s) above.	
	City, town or post office. If you have a foreign address, see instructions. CINCINNATI State OH ZIP code 45240			
Presidential Election Campaign (See instructions.)	Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?			
	You <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No			
Filing Status	1 <input type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here			
	2 <input type="checkbox"/> Married filing jointly (even if only one had income) 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ...). (See instructions.) 3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here FREDERICK HARRIS			
Exemptions If more than five dependents, see instructions.	6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a		No. of boxes checked on 6a and 6b 1	
	b <input type="checkbox"/> Spouse		No. of children on 6c who:	
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	
(1) First name Last name		(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	• lived with you	
			• did not live with you due to divorce or separation (see instrs)	
			Dependents on 6c not entered above	
			Add numbers on lines above	
Total number of exemptions claimed			1	
Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 22,091.	
	8a Taxable interest. Attach Schedule B if required		8a 8.	
	b Tax-exempt interest. Do not include on line 8a		8b	
	9 Ordinary dividends. Attach Schedule B if required		9	
	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)		10	
	11 Alimony received		11	
	12 Business income or (loss). Attach Schedule C or C-EZ		12	
	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here		13	
	14 Other gains or (losses). Attach Form 4797		14	
	15a IRA distributions	15a	b Taxable amount (see instrs)	15b
	16a Pensions and annuities	16a	b Taxable amount (see instrs)	16b 1,503.
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
	18 Farm income or (loss). Attach Schedule F		18	
	19 Unemployment compensation		19	
	20a Social security benefits	20a	b Taxable amount (see instrs)	20b
21 Other income			21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income			22 23,602.	
Adjusted Gross Income	23 Educator expenses (see instructions)		23	
	24 IRA deduction (see instructions)		24	
	25 Student loan interest deduction (see instructions)		25	
	26 Tuition and fees deduction (see instructions)		26	
	27 Archer MSA deduction. Attach Form 8853		27	
	28 Moving expenses. Attach Form 3903		28	
	29 One-half of self-employment tax. Attach Schedule SE		29	
	30 Self-employed health insurance deduction (see instructions)		30	
	31 Self-employed SEP, SIMPLE, and qualified plans		31	
	32 Penalty on early withdrawal of savings		32	
	33a Alimony paid	b Recipient's SSN	33a	
	34 Add lines 23 through 33a		34	
	35 Subtract line 34 from line 22. This is your adjusted gross income		35	23,602.

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Form 1040 (2002)

MARY L HARRIS

Page 2

Tax and Credits**Standard Deduction for**

• People who checked any box on line 37a or 37b or who can be claimed as a dependent, see instructions.

• All others: Single, \$4,700

Head of household, \$6,900

Married filing jointly or Qualifying widow(er), \$7,850

Married filing separately, \$3,925

36 Amount from line 35 (adjusted gross income) 36 23,602.

37a Check if: ☐ You were 65/older, ☐ Blind; ☐ Spouse was 65/older, ☐ Blind.

Add the number of boxes checked above and enter the total here 37a

b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here 37b ☒

38 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 38 7,706.

39 Subtract line 38 from line 36 39 15,896.

40 If line 36 is \$103,000 or less, multiply \$3,000 by the total number of exemptions claimed on line 6d. If line 36 is over \$103,000, see the worksheet in the instructions 40 3,000.

41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- 41 12,896.

42 Tax (see instrs). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 42 1,631.

43 Alternative minimum tax (see instructions). Attach Form 6251 43

44 Add lines 42 and 43 44 1,631.

45 Foreign tax credit. Attach Form 1116 if required 45

46 Credit for child and dependent care expenses. Attach Form 2441 46

47 Credit for the elderly or the disabled. Attach Schedule R 47

48 Education credits. Attach Form 8863 48

49 Retirement savings contributions credit. Attach Form 8880 49

50 Child tax credit (see instructions) 50

51 Adoption credit. Attach Form 8839 51

52 Credits from: a ☐ Form 8396 b ☐ Form 8859 5253 Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Specify 53

54 Add lines 45 through 53. These are your total credits 54

55 Subtract line 54 from line 44. If line 54 is more than line 44, enter -0- 55 1,631.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 57

58 Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required No 58 150.

59 Advance earned income credit payments from Form(s) W-2 59

60 Household employment taxes. Attach Schedule H 60

61 Add lines 55-60. This is your total tax 61 1,781.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 1,509.

63 2002 estimated tax payments and amount applied from 2001 return 63

64 Earned income credit (EIC) 64

65 Excess social security and tier 1 RRTA tax withheld (see instructions) 65

66 Additional child tax credit. Attach Form 8812 66

67 Amount paid with request for extension to file (see instructions) 67

68 Other pmts from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 68

69 Add lines 62 through 68. These are your total payments 69 1,509.

Refund

Direct deposit? See instructions and fill in 71b, 71c, and 71d.

70 If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid 70

71a Amount of line 70 you want refunded to you 71a

b Routing number c Type: ☐ Checking ☐ Savings

d Account number

72 Amount of line 70 you want applied to your 2003 estimated tax 72

Amount You Owe

73 Amount you owe. Subtract line 69 from line 61. For details on how to pay, see instructions 73 272.

74 Estimated tax penalty (see instructions) 74

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

TELEMARKETING

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Paid Preparer's Use Only

Firm's name (or yours if self-employed) address, and ZIP code Self-Prepared

EIN

Phone no.

Form 1040 (2002)

FDIA0112 12/26/02

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SCHEDULE A

(Form 1040)

Itemized DeductionsDepartment of the Treasury
Internal Revenue Service (99)▶ Attach to Form 1040.
▶ See Instructions for Schedule A (Form 1040).**2002**

07

Name(s) shown on Form 1040

Your social security number

MARY L HARRIS

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 36	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid		5	State and local income taxes	796.	
	6 Real estate taxes (see instructions)	6		636.	
(See instructions.)	7 Personal property taxes	7			
	8 Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8			9	1,432.
Interest You Paid		10	Home mtg interest and points reported to you on Form 1098	3,774.	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶				
(See instructions.)					
		11			
Note. Personal interest is not deductible.	12 Points not reported to you on Form 1098. See instrs for spl rules	12			
	13 Investment interest. Attach Form 4952 if required. (See instrs.)	13			
	14 Add lines 10 through 13			14	3,774.
Gifts to Charity		15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	1,500.	
If you made a gift and got a benefit for it, see instructions.	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16		1,000.	
	17 Carryover from prior year	17			
	18 Add lines 15 through 17			18	2,500.
Casualty and Theft Losses		19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		19
Job Expenses and Most Other Miscellaneous Deductions		20	Unreimbursed employee expenses — job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		
		20			
	21 Tax preparation fees	21			
(See instructions for expenses to deduct here.)	22 Other expenses — investment, safe deposit box, etc. List type and amount ▶	22			
	23 Add lines 20 through 22	23			
	24 Enter amount from Form 1040, line 36	24			
	25 Multiply line 24 by 2% (.02)	25			
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26	
Other Miscellaneous Deductions	27 Other — from list in the instructions. List type and amount ▶			27	
Total Itemized Deductions	28 Is Form 1040, line 36, over \$137,300 (over \$68,650 if MFS)?			28	7,706.
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 38.				
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.				

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Form **8283**
(Rev. October 1998)**Noncash Charitable Contributions**

OMB No. 1545-0008

Department of the Treasury
Internal Revenue Service▶ Attach to your tax return if you claimed a total deduction
of over \$500 for all contributed property.
▶ See separate instructions.**55**

Name(s) shown on your income tax return

Identifying number

MARY L HARRIS

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A** — List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is over \$5,000 (see instructions).**Part I Information on Donated Property** — If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property
A	GOODWILL AUTO AUCTION 10600 SPRINGFIELD PIKE	1980 CHEVROLET IMPALA
B		
C		CONFIDENTIAL
D		
E		

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo, yr)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value	(h) Method used to determine the fair market value
A	10/01/2002	11/1996	Inheritance	1,000.	1,000.	Present value
B						
C						
D						
E						

Part II Other Information — Complete line 2 if you gave less than an entire interest in property listed in Part I. Complete line 3 if conditions were attached to a contribution listed in Part I.**2** If, during the year, you contributed less than the entire interest in the property, complete lines a - e.**a** Enter the letter from Part I that identifies the property ▶ _____. If Part II applies to more than one property, attach a separate statement.**b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ _____
(2) For any prior tax years ▶ _____**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town

State ZIP code

d For tangible property, enter the place where the property is located or kept ▶ _____**e** Name of any person, other than donee organization, having actual possession of the property ▶ _____**3** If conditions were attached to any contribution listed in Part I, answer questions a - c and attach the required statement (see instructions):**a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?**c** Is there a restriction limiting the donated property for a particular use?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Keep for your records

Name MARY L HARRIS		Social Security Number [REDACTED]	
Check if for spouse <input type="checkbox"/>		1 Wages, tips, other compensation 22,090.73	
a Control number 003910 DEQ		2 Federal income tax withheld 1,509.06	
b Employer's ID number 31-0961669		3 Social security wages 23,010.43	
c Employer's name, address, and ZIP code RDI MARKETING SERVICES, INC		4 Social security tax withheld 1,426.64	
Street 9920 CARVER ROAD		5 Medicare wages and tips 23,010.43	
City CINCINNATI		6 Medicare tax withheld 333.67	
State OH ZIP Code 45242-5520		7 Social security tips	
Check box if foreign address (see Help) <input type="checkbox"/>		8 Allocated tips	
Check box to transfer items d and e below from Federal Information Worksheet <input type="checkbox"/>		9 Advance EIC payment	
d Employee's social security number [REDACTED]		10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help)	
e Employee's name, address, and ZIP code		11 Nonqualified plans	
First MARY M.I.		12 Enter box 12 below	
Last HARRIS		13 Statutory employee Retirement plan Third-party sick pay	
Street 11716 ELKWOOD DRIVE		HERE then	
City CINCINNATI		select Help before making any entries for box 14.	
State OH ZIP Code 45240		14 If you have entries in box 14, click HERE then select Help before making any entries for box 14.	
Check box if foreign address (see Help) <input type="checkbox"/>			

Box 12	Box 12	Code D	Amount 919.70
If Box 12 code is: A: Enter amount attributable to RRTA Tier 2 tax M: Enter amount attributable to RRTA Tier 2 tax P: Double click to link to Form 3903, line 4 R: Enter MSA contribution for Taxpayer Spouse G: Check if employer is not a state or local government <input type="checkbox"/>			

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Box 15	Box 16	Box 17
State OH	State wages, tips, etc. 22,090.73	State income tax 566.21
Employer's state I.D. no. 51-5505832		

Box 20	Box 18	Box 19	Associated State
Locality name BLUE ASH	Local wages, tips, etc. 23,010.43	Local income tax 230.11	OH

Box 14 Description	Amount	Type	TurboTax description of Type

► Keep for your records

Name MARY L HARRIS		Social Security Number [REDACTED]	
Check if for spouse <input type="checkbox"/> See below for additional distribution information		Corrected <input type="checkbox"/>	
Payer's name, street address, city, state, and ZIP code. If payer's address is outside the U. S., check box <input type="checkbox"/> THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.) P.O. BOX 640 BUFFALO NY 14201-0640		1 Gross distribution \$ 1,503.10 2a Taxable amount (see Help) \$ 1,503.10 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
Payer's Federal identification number 01-0233346	Recipient's identification number [REDACTED]	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 0.00
Check to transfer Recipient's Information from Federal Information Worksheet <input type="checkbox"/> Recipient's name MARY L HARRIS		5 Employee contributions or insurance premiums \$ 0.00	6 Net unrealized appreciation in employer's securities \$
Street address (including apartment number) 11716 ELKWOOD DRIVE		7 Distribn Code(s) IRA/SEP/ a <input type="checkbox"/> 1 SIMPLE b <input type="checkbox"/>	8 Other % \$
City State ZIP code CINCINNATI OH 45240 If recipient's address is outside the U. S., check box <input type="checkbox"/>		9a Your percentage of total distribution %	9b Total employee contributions \$
Account number (optional)		10 State tax withheld \$ 0.00 \$	11 Payer's State / state no. OH / 52-216555 4 /
12 State distribution \$ \$		If distribution from IRA or ESA, check if from a: Traditional, SEP, or SIMPLE IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Coverdell ESA (formerly Education IRA) .. <input type="checkbox"/>	
13 Local tax withheld \$ \$		14 Name of locality	15 Local distribution \$ \$
Qualified Retirement Plans, IRAs, ESAs, Annuity and Modified Endowment Contracts (See Help)			
IMPORTANT: Roth conversions are <i>not</i> considered to be rollovers. Enter Roth conversions on lines B and C of Additional Distribution Information page.			
16	Check box if the entire amount of this distribution was rolled over (except Roth conversions) <input type="checkbox"/>		
17	If a partial rollover, enter amount that was rolled over (except Roth conversions)		
18	Check box if this is an early distribution subject to the penalty from a qualified retirement plan, traditional IRA, annuity or modified endowment contract, but there is no code 1 in box 7. Do not include distributions from Roth IRA or first two years of SIMPLE plans. (See Help) <input type="checkbox"/>		
19	Check box if this is an early distribution subject to the penalty from a Roth IRA, but there is no code J in box 7. (See Help) <input type="checkbox"/>		
20	Check box if this is an early distribution subject to the penalty from a SIMPLE plan in first two years, but there is no code S in box 7. (See Help) <input type="checkbox"/>		
21	Check box if this is the withdrawal before tax return due date of a contribution to a traditional, Roth, or Coverdell ESA, or a corrective distribution of an excess deferral, excess contribution, or excess aggregate contribution taxable in 2002, but there is no code 8 in box 7. (See Help) <input type="checkbox"/>		
22	Check box if there is a code P or R in box 7 and this is a year 2003 Form 1099-R. (See Help) ... <input type="checkbox"/>		
23	If an IRA, was IRA inherited , or if an ESA, was ESA transferred (see Help)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

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For the year Jan 1 - Dec 31, 2002 or other taxable year ending

Social security number(s) must be entered below

Your First Name MARY		Initial L	Last Name HARRIS	Your Social Security Number [REDACTED]	Filing Status -- check only one Single or Head of Household Married filing joint return <input checked="" type="checkbox"/> Married filing separately, enter spouse's SSN
If a Joint Return, Spouse's First Name		Initial	Last Name	Spouse's Social Security No.	
Home Address (number and street) 11716 ELKWOOD DRIVE		Apt No.		Ohio County Ham	
City, Town or Post Office CINCINNATI		State OH		ZIP Code 45240	Ohio Public School District Number (See instructions.) 3105
Ohio Residency Status (see instructions) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident			Part-year resident From 02 To 02		Ohio Political Party Fund Do you want \$1 to go to this fund? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: Checking 'Yes' will not increase your tax or decrease your refund.					

Income		
1 Federal adjusted gross income (from federal Form 1040, line 35; or 1040A, line 21; or 1040EZ, line 4; or 1040TEL)	1	23,602.
2 Ohio adjustments (from line 45 on page 2 of this return)	2	
3 Ohio adjusted gross income (line 2 subtracted from or added to line 1)	3	23,602.
4 Multiply your personal and dependent exemptions 1 times \$1,200 and enter the result here	4	1,200.
5 Ohio taxable income (subtract line 4 from line 3)	5	22,402.

Tax and Credits		
6 Tax on line 5 (see tax tables in the instructions)	6	553.
7 Credits from Schedule B (line 54 on page 2 of this return)	7	
8 Ohio tax less Schedule B credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	553.
9 Exemption Credit: Number of personal and dependent exemptions 1 times \$20	9	20.
10 Ohio tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	533.
11 Joint Filing Credit (see instructions and attach documentation) % times line 10 (Limit \$650)	11	
12 Ohio tax less Joint Filing Credit (subtract line 11 from line 10)	12	533.
13 Resident/Nonresident/Part-Year Credits (Schedules C or D) and Nonrefundable Business Credits (attach Schedule E)	13	
14 Ohio income tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	533.
15 Interest penalty on underpayment of estimated tax: Check <input type="checkbox"/> if form IT-2210 is attached	15	
16 Unpaid Ohio use tax (please see worksheet in the instructions) The amount you show on this line is part of your total income tax liability for this year.	16	
17 Total Ohio tax (add line 14, line 15, and line 16)	17	533.

Payments			Electronic Filing can speed-up your refund by 6 weeks!
18 Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form)	Amount Withheld ▶ 18	566.	
19 Ohio estimated tax, IT-40P payments for 2002, and 2001 overpayment credited to 2002	19		
20 Refundable Business Jobs Refundable Pass-through Entity Credit 20a _____ Credit 20b _____	Total of 20a and 20b ▶ 20		
21 Add lines 18, 19, and 20	Total Payments ▶ 21	566.	

Refund or Amount You Owe		
22 If line 21 is less than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> If you have paid or will pay with a credit card (see instructions)	Amount You Owe ▶ 22	
23 If line 21 is greater than line 17, subtract line 17 from line 21	Amount Overpaid ▶ 23	33.
24 Amount of line 23 you wish to donate for conservation of endangered species and wildlife diversity: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24	24	
25 Amount of line 23 you wish to donate for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25	25	
26 Amount of line 23 to be credited to 2003 estimated tax liability	Credit ▶ 26	
27 Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23)	Your Refund ▶ 27	33.

If the balance due is less than \$1.01 payment need not be made, and if the overpayment is less than \$1.01, no refund will be issued.

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

OHIA0512 12/26/02

Sign Here	Signature _____ Date _____
	Spouse's Signature (if filing jointly, both must sign) _____ Phone Number (optional) _____
	Preparer's Signature _____ Preparer's Phone Number _____
	Preparer's Address (including ZIP code) Self-Prepared

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For Departmental Use Only	
18a	U
No Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, Ohio 43270-2679	Payment Enclosed – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, Ohio 43270-2057

Form 11-1040

MARY L. HARRIS

Schedule A – Adjustments to Income (additions and deductions)**Additions – Add to the extent not included in federal adjusted gross income (line 1)**

28	Add non-Ohio state or local government interest and dividends	28 •	
29	Add pass-through entity addback	29 •	
30	Add income from an Electing Small Business Trust (ESBT – see instructions)	30 •	
31	Other, check if from:		
a	<input type="checkbox"/> Federal interest and dividends subject to state taxation		
b	<input type="checkbox"/> Reimbursement of college tuition expenses and fees deducted in any previous year(s) NEW		
c	<input type="checkbox"/> Losses from sale or disposition of Ohio Public Obligations		
d	<input type="checkbox"/> Non-medical withdrawals from an Ohio medical savings account		
e	<input type="checkbox"/> Reimbursements previously deducted but not included in federal adjusted gross income		
f	<input type="checkbox"/> Non-education expenditures from college savings account		
g	<input type="checkbox"/> Add back 5/6ths of the depreciation expense adjustment for IRC Sec 168(k) bonus depreciation NEW		
	Total	31 •	
32	Total additions (add lines 28, 29, 30, and 31)	32 •	

Deductions – See Limitations in Instructions

33	Deduct federal interest and dividends exempt from state taxation	33 •	
34	Deduct compensation earned in Ohio by full-year residents of neighboring states	34 •	
35	Deduct state or municipal income tax overpayments (see instructions)	35 •	
36	Deduct disability and survivorship benefits (does not include pension continuations)	36 •	
37	Deduct qualifying social security benefits and some railroad benefits	37 •	
38	Deduct contributions to a variable college savings account and/or purchases of tuition credits	38 •	
39	Deduct tuition expenses paid to a qualified Ohio educational institution	39 •	
40	Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40 •	
41	Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet)	41 •	
42	Deduct losses from an Electing Small Business Trust (ESBT – see instructions)	42 •	
43	Other. Check if:		
a	<input type="checkbox"/> Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits		
b	<input type="checkbox"/> Interest income from OH Public Obligations and OH Purchase Obligations or gains from the sale or disposition of OH Public Obligations		
c	<input type="checkbox"/> Refund or reimbursements of prior-year federal itemized deductions (from line 21 of Federal 1040)		
d	<input type="checkbox"/> Repayment of income reported in a prior year		
e	<input type="checkbox"/> Amount contributed to an Individual Development Account		
f	<input type="checkbox"/> Deduct 1/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation NEW		
	Total	43 •	
44	Total deductions (add lines 33 through 43)	44 •	
45	Net adjustments – If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount	45 •	

CONFIDENTIAL**Schedule B – Credits**

46	Retirement Income Credit (see instructions for credit table) (Limit – \$200)	46 •	
47	Senior Citizen Credit (Limit – \$50 per return)	47 •	
48	Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit)	48 •	
49	Child and Dependent Care Credit (see instructions and worksheet)	49 •	
50	Lump Sum Retirement Credit	50 •	
51	Job Training Credit (see instructions and worksheet) (Limit – \$500 single; \$1,000 joint, if both spouses qualify)	51 •	
52	Ohio Political Contributions Credit	52 •	
53	Ohio Adoption Credit (Limit – \$500 per adoption)	53 •	
54	Total credits (add lines 46 through 53) – enter here and on line 7	54 •	

Schedule C – Ohio Resident

55	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55 •	
56	Enter Ohio adjusted gross income (line 3)	56	
57	Divide line 55 by line 56 % Multiply by the amount on line 12	57	
58	Enter the 2002 income tax credits other than withholding and estimated tax payments and carry-forwards from previous years paid to other states or the District of Columbia	58 •	
59	Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13. List the state(s) other than Ohio with which you filed 2002 income tax returns	59	

Schedule D – Nonresident/Part-Year Resident

60	Enter the portion of Ohio adjusted gross income (line 3) that was not earned or received in Ohio	60 •	
61	Enter the Ohio adjusted gross income (line 3)	61	
62	Divide line 60 by line 61 % Multiply by the amount on line 12. Enter here and on line 13	62	

ATTACH W 2 & 1099 R FORMS HERE

Department of the Treasury — Internal Revenue Service Form 1040 U.S. Individual Income Tax Return 2003		(99) IRS Use Only — Do not write or staple in this space.																													
For the year Jan 1 - Dec 31, 2003, or other tax year beginning _____, 2003, ending _____, 20																															
Label (See instructions.) Use the IRS label. Otherwise, please print or type.	Your first name MARY MI Last name L HARRIS																														
	If a joint return, spouse's first name _____ MI Last name _____																														
Presidential Election Campaign (See instructions.)	Home address (number and street). If you have a P.O. box, see instructions. 5576 MONTGOMERY ROAD																														
	City, town or post office. If you have a foreign address, see instructions. CINCINNATI State OH ZIP code 45212																														
Note: Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No																															
Filing Status Check only one box.	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here. FREDERICK HARRIS 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child. (See instructions.)																														
	Exemptions 6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a b <input type="checkbox"/> Spouse c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> No. of boxes checked on 6a and 6b: 1 No. of children on 6c who: • lived with you: _____ • did not live with you due to divorce or separation (see instrs): _____ Dependents on 6c not entered above: _____ Add numbers on lines above: 1		(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)																								
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)																											
Income Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7 Wages, salaries, tips, etc. Attach Form(s) W-2: 22,108. 8a Taxable interest. Attach Schedule B if required: _____ b Tax-exempt interest. Do not include on line 8a: 8b 9a Ordinary dividends. Attach Schedule B if required: _____ b Qualified divs (see instrs): 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions): 33. 11 Alimony received: _____ 12 Business income or (loss). Attach Schedule C or C-EZ: _____ 13a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here: <input type="checkbox"/> b If box on 13a is checked, enter post-May 5 capital gain distributions: 13b 14 Other gains or (losses). Attach Form 4797: _____ 15a IRA distributions: 15a b Taxable amount (see instrs): 15b 16a Pensions and annuities: 16a b Taxable amount (see instrs): 881. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E: _____ 18 Farm income or (loss). Attach Schedule F: _____ 19 Unemployment compensation: _____ 20a Social security benefits: 20a b Taxable amount (see instrs): 20b 21 Other income: _____ 22 Add the amounts in the far right column for lines 7 through 21. This is your total income : 23,022.																														
	Adjusted Gross Income 23 Educator expenses (see instructions): 23 24 IRA deduction (see instructions): 24 25 Student loan interest deduction (see instructions): 25 26 Tuition and fees deduction (see instructions): 26 27 Moving expenses. Attach Form 3903: 27 28 One-half of self-employment tax. Attach Schedule SE: 28 29 Self-employed health insurance deduction (see instrs): 29 30 Self-employed SEP, SIMPLE, and qualified plans: 30 31 Penalty on early withdrawal of savings: 31 32a Alimony paid b Recipient's SSN: _____ 32a 33 Add lines 23 through 32a: 33 34 Subtract line 33 from line 22. This is your adjusted gross income : 23,022.																														

CONFIDENTIAL

Form 1040 (2003)

MARY L HARRIS

Page 2

Tax and Credits**Standard Deduction for**

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	23,022.
36a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 36a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. <input type="checkbox"/> 36b		
	b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 36b		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	4,750.
38	Subtract line 37 from line 35	38	18,272.
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet in the instructions	39	3,050.
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	15,222.
41	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	1,934.
42	Alternative minimum tax (see instructions). Attach Form 6251	42	
43	Add lines 41 and 42	43	934.
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	4.
49	Child tax credit (see instructions)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	4.
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	1,930.
55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	88.
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	
60	Add lines 54-59. This is your total tax	60	2,018.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	1,355.
62	2003 estimated tax payments and amount applied from 2002 return	62	
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see instructions)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see instructions)	66	
67	Other prmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments	68	1,355.

Refund

Direct deposit? See instructions and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	
70a	Amount of line 69 you want refunded to you	70a	
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
71	Amount of line 69 you want applied to your 2004 estimated tax	71	

Amount You Owe

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instructions	72	663.
73	Estimated tax penalty (see instructions)	73	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here

Joint return? See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		TELEMARKETING	
Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	Self-Prepared		EIN
			Phone no.

Form 1040 (2003)

Form **8880****Credit for Qualified Retirement Savings Contributions**

OMB No. 1545-1805

2003

129

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040A.

▶ See instructions.

Name(s) shown on return

MARY L HARRIS

Your social security number

CAUTION: You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 35, or Form 1040A, line 22, is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1986, (b) is claimed as a dependent on someone else's 2003 tax return, or (c) was a student (see instructions).

	(a) You	(b) Your spouse
1 Traditional and Roth IRA contributions for 2003. Do not include rollover contributions	1	
2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2003 (see instructions)	2	921
3 Add lines 1 and 2	3	921
4 Certain distributions received after 2000 and before the due date (including extensions) of your 2003 tax return (see instructions). If married filing jointly, include both spouses' amounts in both columns. See instructions for an exception	4	881
5 Subtract line 4 from line 3. If zero or less, enter -0-	5	40
6 In each column, enter the smaller of line 5 or \$2,000	6	40
7 Add the amounts on line 6. If zero, stop ; you cannot take this credit	7	40
8 Enter the amount from Form 1040, line 35*, or Form 1040A, line 22	8	23,022
9 Enter the applicable decimal amount shown below:		

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
---	\$15,000	.5	.5	.5
\$15,000	\$16,250	.5	.5	.2
\$16,250	\$22,500	.5	.5	.1
\$22,500	\$24,375	.5	.2	.1
\$24,375	\$25,000	.5	.1	.1
\$25,000	\$30,000	.5	.1	.0
\$30,000	\$32,500	.2	.1	.0
\$32,500	\$37,500	.1	.1	.0
\$37,500	\$50,000	.1	.0	.0
\$50,000	---	.0	.0	.0

Note: If line 9 is zero, **stop**; you cannot take this credit.

10 Multiply line 7 by line 9	10	4
11 Enter the amount from Form 1040, line 43, or Form 1040A, line 28	11	1,934
12 Enter the total of your credits from Form 1040, lines 44 through 47, or Form 1040A, lines 29 through 31	12	
13 Subtract line 12 from line 11. If zero, stop ; you cannot take this credit	13	1,934
14 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 13 here and on Form 1040, line 48, or Form 1040A, line 32	14	4

*See Publication 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8880 (2003)

CONFIDENTIAL

Name MARY L HARRIS	Social Security Number <div style="background-color: black; height: 1.2em; width: 100%;"></div>
------------------------------	--

Check if for spouse <input type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 1 Wages, tips, other compensation <div style="text-align: right;">22,107.69</div> </td> <td style="width: 50%; vertical-align: top;"> 2 Federal income tax withheld <div style="text-align: right;">1,354.62</div> </td> </tr> <tr> <td style="vertical-align: top;"> 3 Social security wages <div style="text-align: right;">23,028.85</div> </td> <td style="vertical-align: top;"> 4 Social security tax withheld <div style="text-align: right;">1,427.79</div> </td> </tr> <tr> <td style="vertical-align: top;"> 5 Medicare wages and tips <div style="text-align: right;">23,028.85</div> </td> <td style="vertical-align: top;"> 6 Medicare tax withheld <div style="text-align: right;">333.92</div> </td> </tr> <tr> <td style="vertical-align: top;"> 7 Social security tips <div style="text-align: right;"></div> </td> <td style="vertical-align: top;"> 8 Allocated tips <div style="text-align: right;"></div> </td> </tr> <tr> <td style="vertical-align: top;"> 9 Advance EIC payment <div style="text-align: right;"></div> </td> <td style="vertical-align: top;"> 10 Dependent care benefits <div style="text-align: right;"></div> </td> </tr> <tr> <td style="vertical-align: top;"> 11 Nonqualified plans <div style="text-align: right;"></div> </td> <td style="vertical-align: top;"> <div style="text-align: right;">Distributions from sect. 457 and nonqualified plans (Important, see Help)</div> </td> </tr> <tr> <td style="vertical-align: top;"> 12 Enter box 12 below <div style="text-align: right;"></div> </td> <td style="vertical-align: top;"></td> </tr> </table>	1 Wages, tips, other compensation <div style="text-align: right;">22,107.69</div>	2 Federal income tax withheld <div style="text-align: right;">1,354.62</div>	3 Social security wages <div style="text-align: right;">23,028.85</div>	4 Social security tax withheld <div style="text-align: right;">1,427.79</div>	5 Medicare wages and tips <div style="text-align: right;">23,028.85</div>	6 Medicare tax withheld <div style="text-align: right;">333.92</div>	7 Social security tips <div style="text-align: right;"></div>	8 Allocated tips <div style="text-align: right;"></div>	9 Advance EIC payment <div style="text-align: right;"></div>	10 Dependent care benefits <div style="text-align: right;"></div>	11 Nonqualified plans <div style="text-align: right;"></div>	<div style="text-align: right;">Distributions from sect. 457 and nonqualified plans (Important, see Help)</div>	12 Enter box 12 below <div style="text-align: right;"></div>	
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12 Enter box 12 below <div style="text-align: right;"></div>															

Check box to transfer items d and e below from Federal Information Worksheet <input type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> d Employee's social security number <div style="background-color: black; height: 1.2em; width: 100%;"></div> </td> <td style="width: 50%; vertical-align: top;"> 13 Statutory employee Retirement plan Third-party sick pay <div style="float: right; text-align: center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> </div> </td> </tr> <tr> <td style="vertical-align: top;"> e Employee's name, address, and ZIP code First MARY M.I. <div style="border-bottom: 1px solid black; width: 50px;"></div> Last HARRIS Street 5576 MONTGOMERY ROAD City CINCINNATI State OH ZIP Code 45212 Check box if foreign address (see Help) <input type="checkbox"/> </td> <td style="vertical-align: top;"> 14 If you have entries in box 14, click HERE then select Help before making any entries for box 14. </td> </tr> </table>	d Employee's social security number <div style="background-color: black; height: 1.2em; width: 100%;"></div>	13 Statutory employee Retirement plan Third-party sick pay <div style="float: right; text-align: center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> X <input type="checkbox"/> </div>	e Employee's name, address, and ZIP code First MARY M.I. <div style="border-bottom: 1px solid black; width: 50px;"></div> Last HARRIS Street 5576 MONTGOMERY ROAD City CINCINNATI State OH ZIP Code 45212 Check box if foreign address (see Help) <input type="checkbox"/>	14 If you have entries in box 14, click HERE then select Help before making any entries for box 14.
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Box 12	Box 12	If Box 12 code is:
Code	Amount	A: Enter amount attributable to RRTA Tier 2 tax _____
D	921.16	M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4 _____
		R: Enter MSA contribution for Taxpayer _____
		Spouse _____
		G: Check if employer is not a state or local government <input type="checkbox"/>

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
OH	51-5505832	22,107.69	574.06

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
BLUE ASH	23,028.85	230.25	OH

Box 14	Description	Amount	Type	TurboTax description of Type

CONFIDENTIAL

IT-1040

OHIO Income Tax Return

2003

For the year Jan 1 - Dec 31, 2003 or other taxable year ending

Social Security Numbers must be entered below

PLEASE CLIP YOUR ORDER HERE	Your first name		Initial	Last name	Your social security number	Filing Status -- check only one Single or Head of Household Married filing joint return <input checked="" type="checkbox"/> Married filing separately, enter spouse's SSN
	MARY		L	HARRIS	[REDACTED]	
	If a joint return, spouse's first name		Initial	Last name	Spouse's social security no.	
	Home address (number and street)		Apt No.		Ohio County	
	5576 MONTGOMERY ROAD				Hami	
	City, town or post office		State	ZIP code	Ohio Public School District Number (See Instructions.)	310/ 3105
	CINCINNATI		OH	45212		
	Ohio Residency Status (see Instructions)				Part-Year Resident	Yes No
	<input checked="" type="checkbox"/> Resident				from 03	<input type="checkbox"/> <input checked="" type="checkbox"/>
	<input type="checkbox"/> Nonresident				to 03	<input type="checkbox"/> <input type="checkbox"/>
	state of residence				Ohio Political Party Fund	
					Do you want \$1 to go to this fund? <input type="checkbox"/> <input checked="" type="checkbox"/>	
					If joint return, does your spouse want \$1 to go to this fund? <input type="checkbox"/> <input type="checkbox"/>	
	Note: Checking 'Yes' will not increase your tax or decrease your refund.					

INCOME

1	Federal Adjusted Gross Income (from Federal Form 1040, line 34; or 1040A, line 21; or 1040EZ, line 4; or 1040TEL)	1	23,022.
2	Ohio Adjustments (from line 45 on page 2 of this return)	2	-33.
3	Ohio Adjusted Gross Income (line 2 subtracted from or added to line 1)	3	22,989.
4	Multiply your personal and dependent exemptions 1 times \$1,250 and enter the result here	4	1,250.
5	Ohio Taxable Income (subtract line 4 from line 3)	5	21,739.

TAX AND CREDITS

6	Tax on line 5 (see tax tables in the instructions)	6	523.
7	Credits from Schedule B (line 54 on page 2 of this return)	7	
8	Ohio Tax less Schedule B Credits (Subtract line 7 from line 6. If line 7 is more than line 6, enter zero.)	8	523.
9	Exemption Credit: Number of personal and dependent exemptions 1 times \$20	9	20.
10	Ohio Tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is more than line 8, enter zero.)	10	503.
11	Joint Filing Credit (see instructions and attach documentation) % times line 10 (Limit \$650)	11	
12	Ohio Tax less Joint Filing Credit (subtract line 11 from line 10)	12	503.
13	Resident/Nonresident/Part-Year Credits (Schedules C or D) and Nonrefundable Business Credits (attach Schedule E)	13	
14	Ohio Income Tax (Subtract line 13 from line 12. If line 13 is more than line 12, enter zero.)	14	503.
15	Interest Penalty on Underpayment of Estimated Tax: Check <input type="checkbox"/> if Form IT-2210 is attached	15	
16	Unpaid Ohio Use Tax (please see worksheet in the instructions) The amount you show on this line is part of your total income tax liability for this year.	16	
17	Total Ohio Tax (add line 14, line 15, and line 16)	17	503.

PAYMENTS

18	Ohio Tax Withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) ... AMOUNT WITHHELD	18	574.	GO Paperless. It's FREE! Try E-File -- go to www.ohio.gov/tax
19	Ohio Estimated Tax, IT-40P Payments for 2003, and 2002 Overpayment Credited to 2003	19		
20	Refundable Business Jobs Refundable Pass-through Entity Credit 20a Credit 20b	20		
21	Add lines 18, 19, and 20 TOTAL PAYMENTS	21	574.	

REFUND OR AMOUNT YOU OWE

22	If line 21 is LESS than line 17, subtract line 21 from line 17. Attach payment made payable to Treasurer of State of Ohio. Check here <input type="checkbox"/> If you have paid or will pay with an electronic check or credit card	AMOUNT YOU OWE	22	
23	If line 21 is GREATER than line 17, subtract line 17 from line 21	AMOUNT OVERPAID	23	71.
24	Amount of line 23 you wish to DONATE for nature preserves, scenic rivers, and endangered species protection: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 24		24	
25	Amount of line 23 you wish to DONATE for Ohio's wildlife species and endangered wildlife conservation: \$3 <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> Other <input type="checkbox"/> Check box and enter amount on line 25		25	
26	Amount of line 23 to be credited to 2004 estimated tax liability	CREDIT	26	
27	Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23)	YOUR REFUND	27	71.

IF THE BALANCE DUE IS LESS THAN \$1.01 PAYMENT NEED NOT BE MADE, AND IF THE OVERPAYMENT IS LESS THAN \$1.01, NO REFUND WILL BE ISSUED. I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and complete.

SIGN HERE	Your signature		Date
	Spouse's signature (if filing jointly, BOTH must sign)		Phone number (optional)
	Preparer's signature		Preparer's phone number
	Preparer's address (including zip code)		
Self-Prepared			

For Departmental Use Only	
18a	U
NO Payment Enclosed -- Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, Ohio 43270-2679	Payment Enclosed -- Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, Ohio 43270-2057

CONFIDENTIAL

Form IT-1040 MARY L HARRIS

Schedule A – Adjustments to Income (Additions and Deductions)**Additions – Add to the extent not included in federal adjusted gross income (Line 1)**

28	Add non-Ohio state or local government interest and dividends	28 •	
29	Add Pass-through Entity addback	29 •	
30	Add income from an electing small business trust (ESBT – see instructions)	30 •	
31	Other. Check all that apply:		
a	<input type="checkbox"/> Federal interest and dividends subject to state taxation		
b	<input type="checkbox"/> Reimbursement of college tuition expenses and fees deducted in any previous year(s)		
c	<input type="checkbox"/> Losses from sale or disposition of Ohio Public Obligations		
d	<input type="checkbox"/> Non-medical withdrawals from an Ohio Medical Savings Account		
e	<input type="checkbox"/> Reimbursements of expenses previously deducted for Ohio income tax purposes but only if the reimbursement is not in FAGI		
f	<input type="checkbox"/> Non-education expenditures from College Savings Account		
g	<input type="checkbox"/> Add back the depreciation adjustment for IRC sections 168(k) and 179		
	Total of a through g	31 •	
32	Total additions (add lines 28 through 31)	32 •	
Deductions – See Limitations in Instructions			
33	Deduct federal interest and dividends exempt from state taxation	33 •	
34	Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents <input type="checkbox"/> Check box if you are a military nonresident	34 •	
35	Deduct state or municipal income tax overpayments (see instructions)	35 •	33.
36	Deduct disability and survivorship benefits (does not include pension continuations)	36 •	
37	Deduct qualifying social security benefits and some railroad benefits	37 •	
38	Deduct contributions to CollegeAdvantage 529 savings plan and/or purchases of tuition credits	38 •	
39	Deduct tuition expenses paid to a qualified Ohio educational institution	39 •	
40	Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	40 •	
41	Deduct funds deposited into and earnings of a Medical Savings Account for eligible medical expenses (see worksheet)	41 •	
42	Deduct losses from an Electing Small Business Trust (ESBT – see instructions)	42 •	
43	Other. Check all that apply:		
a	<input type="checkbox"/> Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits		
b	<input type="checkbox"/> Interest income from Ohio Public Obligations and Ohio Purchase Obligations and gains from the sale or disposition of Ohio Public Obligations		
c	<input type="checkbox"/> Refund or reimbursements shown on line 21 of federal 1040 of itemized deductions claimed on a prior year federal income tax return		
d	<input type="checkbox"/> Repayment of income reported in a prior year		
e	<input type="checkbox"/> Amount contributed to an Individual Development Account		
f	<input type="checkbox"/> Depreciation expense adjustment for IRC sections 168(k) and 179		
	Total of a through f	43 •	
44	Total Deductions (add lines 33 through 43)	44 •	33.
45	Net adjustments – If line 32 is GREATER than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is LESS than line 44, enter the difference here and on line 2 as a negative amount	45 •	-33.

CONFIDENTIAL**Schedule B – Credits**

46	Retirement Income Credit (see instructions for credit table) (Limit – \$200)	46 •	
47	Senior Citizen Credit (Limit – \$50 per return)	47 •	
48	Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit)	48 •	
49	Child and Dependent Care Credit (see instructions and worksheet)	49 •	
50	Lump Sum Retirement Credit	50 •	
51	Job Training Credit (see instructions and worksheet) (Limit – \$500 single; \$1,000 joint, if both spouses qualify)	51 •	
52	Ohio Political Contributions Credit	52 •	
53	Ohio Adoption Credit (Limit – \$500 per adoption)	53 •	
54	Total Credits (add lines 46 through 53) – enter here and on line 7	54 •	

Schedule C – Ohio Resident

55	Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident	55 •	
56	Enter Ohio Adjusted Gross Income (line 3)	56	
57	Divide line 55 by line 56 <input type="checkbox"/> Multiply by the amount on line 12	57	
58	Enter the 2003 income tax less all related credits other than withholding and estimated tax payments and carry-forwards from previous years paid to other states or the District of Columbia	58 •	
59	Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13 List the state(s) other than Ohio with which you filed 2003 Income Tax Returns	59	

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Schedule D – Nonresident/Part-Year Resident

60	Enter the portion of Ohio Adjusted Gross Income (line 3) that was not earned or received in Ohio	60 •	
61	Enter the Ohio Adjusted Gross Income (line 3)	61	
62	Divide line 60 by line 61 <input type="checkbox"/> Multiply by the amount on line 12. Enter here and on line 13	62	

ATTACHMENT 2 TO FORM 1040